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## BIB DATA SHEET

CONFIRMATION NO. 3543

<b>SERIAL NUMBER</b> 10/583,630	<b>FILING or 371(c) DATE</b> 07/23/2007 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Andres M Lozano, Toronto, CANADA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CA04/02187 12/22/2004 <b>** FOREIGN APPLICATIONS *****</b> CANADA 2454184 12/23/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 09/01/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /KENNEDY Acknowledged SCHAETZLE/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 59	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> ANDRES M LOZANO C/O FUNCTIONAL NEUROSCIENCE INC. 442 RUSSELL HILL ROAD TORONTO, ON M5P2S5 CANADA					
<b>TITLE</b> Method and Apparatus for Affecting Neurologic Function and/or Treating Neurologic Dysfunction Through Timed Neural Stimulation					
<b>FILING FEE RECEIVED</b> 1690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		